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ABSTRACT

Developed by a special task force, this booklet is meant to define a comprehensive program of health education in the schools and to serve as a resource for the education and health professions. Its ten recommendations to state education agencies and policymakers include promoting school health education programs, providing technical assistance to school districts in developing, implementing, and evaluating such programs, and encouraging federal aid for health education. The manual defines school health education and related terms, suggests a policy statement for state boards of education on health education, discusses the reasons for school health education, describes the field's current status at federal and state levels, and notes recent problems and positive developments. A list of ten content areas recommended by the task force is added, as are the names and addresses of a number of public and private resource agencies. (RW)

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Recommendations for School Health Education: A Handbook for State Policymakers

Report No. 130

Education Programs Division
Education Commission of the States
Denver, Colorado

Robert C. Andringa, Executive Director

March 1981

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This publication was researched, written and prepared for publication by Mary Noak, Director of the State School Health Education Project.

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Preface

The central emphasis in all of education must be the fostering of the ability of each individual to think independently. Each child must come to live his own life with some measure of responsibility. . . .

*The purposes of health education do not stand apart from the purposes of education itself. To understand the one is to understand the other. . . .**

This publication is about education — about teaching children how to reason, to adapt to change, to be efficient in the use of resources, to be socially conscious. It is about enabling young people to assume responsibility for their health and that of their families and communities. It is about preparing children to make decisions that will arise every day throughout their lives.

Health education in the school setting is not a new idea. Health and education have enjoyed a long and close relationship in educational thought and policy. However, health education for the school age child has assumed new importance as:

- Education emphasizes the development of adult competence
- Personal health depends more upon individual initiative and responsibility
- Society shares in the costs of preventable illness and accidents
- Health information and knowledge expand beyond the capability of many parents to understand or impart to their children

It is with a deep appreciation of how school health education can contribute to a high level of personal physical, mental, emotional and social well-being, and to the development of more effective parents, family, and community members that this publication was sponsored by the American Council of Life Insurance and the Health Insurance Association of America and developed by the

*Commission on Philosophy for School Health Education, "A Point of View for School Health Education," *Journal of Health, Physical Education, and Recreation* (November 1962), pp. 24-26.

n Task Force convened by the
State School Health Education States.
Education Commission of the

o served as chairman of this
Governor John Evans of Idaho education professionals and
distinguished group of health or his leadership members studied
education policymakers. Under setting and formulated
health education in the school development and implementation of
recommendations for the de veams and activities. Their
school health education progral to highlight the importance of
recommendations are designed responsibility among the family,
health education as a shared re fine elements of a comprehensive
school and community; to de ssistance in local program
program; to encourage state as al planning process; and to promote
development; to describe a lo change and evaluation in school
coordination, information excl
health education.

orce on State School Health
In this publication the Task Fciety of issues in program planning,
Education has dealt with a varion. Recognizing the different
development and implementat environments in the states, the task
economic, political and social provide definitive solutions, but has
force has made no attempt to d guidelines that states may utilize in
instead offered suggestions ances.
developing their own approach

serve as a resource to the education
This document is intended to those who have an interest and
and health professions and all ication of our young people. To the
commitment to the health edu a thoughtful discussion of the goals
extent that this report leads to education — and to appropriate
and objectives of school health and objectives — it will have fulfilled
ways of achieving those goals a
its purpose.

Executive Summary

The need for education about health and health care is greater today than ever before. The vitality, productivity and longevity of Americans are now endangered by chronic diseases such as diabetes, cardiovascular conditions, and cancer. The incidence of these diseases depends, in large part, on choices people make each day — decisions on such things as exercise, diet, and the use of alcohol and drugs. There is currently great interest on the part of consumers in making *informed* choices — they want to know more and do more to keep themselves healthy.

Health education is a means of enabling people to assume a greater role in their own health care. Health education in the schools, kindergarten through 12th grade, can help children develop a positive attitude about health, can provide them with information on ways to take care of their health, and can help them acquire skills to make health-related decisions now and in the future.

Many parents and health and education professionals have recognized the importance of health education in the educational process. Its inclusion in the curriculum in elementary and secondary schools has been supported by numerous local and state education agencies. However, much still needs to be done before health education is considered one of the basics.

The State School Health Education Task Force was convened by the Education Commission of the States to study school health education and to develop a policy statement exemplifying state level commitment to health education. After discussing recent trends in health and education (pp. 19 to 23), reviewing data on current state efforts in school health education (pp. 26 to 27), and considering the major issues and problems encountered in establishing and improving health education programs in the schools (pp. 28 to 29), the task force formulated the following recommendations.

1. State education agencies should encourage local school boards and administrators to include health education in the curriculum in elementary and secondary schools.
2. State education agencies should promote health education as

- a responsibility shared by the family, school and community.
3. State education policymakers should support the development and improvement of school health education programs by utilizing the direct and indirect means available to them in their official capacity.
 4. State education agencies should provide technical assistance to local districts in planning and implementing school health education programs.
 5. State education agencies should promote the development of *comprehensive* school health education programs.
 6. State education agencies should encourage local school boards to undertake a participatory planning process in the development of school health education programs.
 7. State and local education agencies should ensure the presence of trained and qualified teachers in school health education programs.
 8. State and local education agencies should assist in developing a system of information exchange about health education.
 9. State education agencies should encourage the evaluation of school health education programs and assist local districts in developing appropriate evaluation processes.
 10. State education agencies should encourage federal agencies to channel categorical funds in a manner that will enhance comprehensive school health education program development.

These recommendations may be viewed as suggested ways in which school health education may be developed and/or strengthened in the states. They also serve as the basis for the suggested policy statement that begins on page 15.

It is hoped that this publication will be of interest and use to state education policymakers and to all concerned with ensuring quality education for the children of America.

Definitions

The following terms are used throughout the report and are defined here for the reader.

Health	A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. ¹ A quality of life involving dynamic interaction and interdependence among the individual's physical well-being, his mental and emotional reactions, and the social complex in which he exists. ²
Health Education	A process with intellectual, psychological, and social dimensions relating to activities which increase the abilities of people to make informed decisions affecting their personal, family, and community well-being. ³
School Health Education	One component of a comprehensive school health program, it is a unified program of learning experiences: ● Planned by both school and community; ● With scope, sequence, progression and continuity; ● For grades kindergarten through 12; ● Taught by teachers trained and prepared in health education; ● Designed to develop critical thinking and individual responsibility for one's health; ● Structured to incorporate current and emerging health problems; ● Focused on the dynamic relationship between physical, mental, emotional and social well-being; ● Strengthened by integrating available community resources into classroom teaching.⁴

¹ World Health Organization, 1967.

² *Health Education: A Conceptual Approach to Curriculum Design. School Health Education Study* (Washington, D.C.: 3M Education Press, 1967), p. 10.

³ "Report of the 1972-1973 Joint Committee on Health Education Terminology," by representatives of the American Academy of Pediatrics; American Association of Health, Physical Education and Recreation; American College Health Association; American School Health Association; Public Health Education Section, American Public Health Association; School Health Section, American Public Health Association; Society for Public Health Education. *Health Education Monographs* (No. 33, 1973), pp. 65-66.

⁴ Adapted from Northern California Chapter of the American Academy of Pediatrics paper cited in *Physician's Guide to the School Health Curriculum Process* (American Medical Association, 1980).

Like other subjects in the curriculum, health education contributes to student self-awareness, decision-making ability and coping skills.

**School Health
Services**

The second component of a comprehensive school health program, it includes school readiness programs; health appraisals; health counseling; consultation with teachers relating to physical and emotional problems of students and to recommendations regarding participation in school activities; emergency policies, facilities and first aid; immunizations and communicable disease procedures; and health record keeping.⁵

**Healthful
School
Environment**

The third component of a comprehensive school health program, it encompasses friendly staff and pupil relationships; school site of adequate size, location and safety; school construction meeting standards for sanitation, safety, lighting, acoustics, heating and ventilation; proper school maintenance; high quality school food services; and safe bus operation.⁶

⁵*Physician's Guide to the School Health Curriculum Process* (American Medical Association, 1980).

⁶*Ibid.*

Task Force Recommendations

After discussing recent trends in health and education, reviewing data on current state efforts in school health education, and considering the major issues and problems confronting professionals as they seek to establish and improve health education programs in the schools, the State School Health Education Task Force supports the following policy recommendations.

1. State education agencies should encourage local school boards and administrators to include health education in the curriculum in elementary and secondary schools.

Important considerations:

- Many complex factors affect a person's health and health awareness, but it is widely recognized that attitudes toward health and behavior patterns affecting health are established early in life. The education system has the opportunity to be a significant and positive influence in the *development* of those attitudes and behavior patterns.
- Educating children about healthful living enables them to play an active role in protecting, maintaining and improving their health, now and in the future. Healthy children perform better in the classroom and will be best able to meet the demands of adult life.
- The benefits of health education go beyond the individual since individuals have the opportunity to influence the health of their immediate family as well as others in the community.

2. State education agencies should promote health education as a responsibility shared by the family, school and community. Parents, community residents — especially health and education professionals — and the media must support and reinforce educational efforts in the school setting.

Important considerations:

- Reinforcement has long been recognized as essential to the learning process. In order to have the maximum impact on children, school health education must be supplemented by adult role modelling⁷ and by community programs and activities that emphasize health.
- Parents are the most significant role models and can provide a good example for children by practicing good health habits such as regular exercise, proper nutrition, and home and automobile safety.
- Health and education professionals also have an important role to play in reinforcing what children learn in health education. They can do this by their personal behavior and by their interest and involvement in health related activities such as physical fitness events and forums on health issues. Health professionals have the opportunity to teach children the importance of a participatory role in health care.
- The media (radio, television, printed) has great potential for creating an awareness of and interest in wellness and health promotion.
- Numerous local and substate regional organizations⁸ can support and complement school health education efforts by contributing to the creation of a community health consciousness.

3. State education policymakers should support the development and improvement of school health education programs by utilizing the direct and indirect means available to them in their official capacity.

Important considerations:

- Governors — by virtue of their authority to establish advisory councils, to appoint members to state boards, to propose and to veto appropriations — have formal means of promoting school health education. They can, for example, encourage agencies in the executive branch to coordinate their efforts in resolving problems and issues in health or establish a state-level advisory council on school health education.

⁷ Serving as an example of desired behavior.

⁸ See Resources Section, p. 33.

of their role in the legislative process can

- Legislators, by voter the budgets and programs of the education exert influence on specific issues. They can initiate resolutions on specific issues. They can system and can legislate and author bills to provide funds to stimulate also hold hearing health education efforts. new or expanded

school officers and members of state boards of

- Chief state school officers can formulate policy statements; designate health education as part of a required or recommended curriculum; establish standards for health education programs; provide curriculum guidelines to resolve problems and issues affecting other state agencies.

school health education

policy makers can provide leadership in health

- State education officials recognizing comprehensive school health education by publicizing a way to promote wellness and to help education as an part of health care. They can demonstrate their contain the cost of school health education within their state by commitment to funding at least one full-time specialist trained establishing and in school health education within the state and experienced.

education agency

policy makers can assist in creating a climate

- State education officials to health education by participating in efforts that is conducive to health consciousness. Governors, legislators, state board of education representatives and chief state school officers can provide leadership in health by taking part in school health activities, such as blood pressure screenings and health related activities. They can also support employee health programs fitness events. They and other agencies of state government. Any within their own agencies can convene forums around health issues. of these individuals designate the observance of health-related The governor can days or weeks.

agencies should provide technical assistance to

4. State education planning and implementing school health education programs in local districts in planning and implementing school health education programs.

agencies:

Important considerations

require that health education be offered in

- Many states require secondary schools. It is essential that resources elementary and secondary programs also be available. At least one to develop a health education specialist within the state education full-time health education specialist districts in planning, developing, and agency should a

improving health education. This specialist can provide information on available curricula and resources, existing health education programs and legal requirements, as well as technical assistance in such things as the planning process and staff inservice training. In addition, this individual can be a liaison to state-level official and voluntary agencies and can provide information relevant to policy formation to state officials.

- A primary responsibility of the health education specialist should be to coordinate and interface with other staff in the state education agency, especially those with health-related responsibilities. A comprehensive school health education program must have the support and involvement of such personnel as alcohol and drug specialists, driver's education and safety personnel, nutrition specialists and health services staff.

5. State education agencies should promote the development of comprehensive school health education programs.

Important considerations:

- A school health education program should be planned and organized so that there is sufficient time, scope and depth to provide adequate coverage of health topics. Grade-level placement and emphasis given topics or concepts should be determined by taking into consideration:
 - a. Local health needs and problems;
 - b. State and national child and adult health concerns;
 - c. Student interest, knowledge and developmental level;
 - d. Time allocated in the curriculum; and
 - e. Identified goals and policies of the state and local education agencies regarding health education.

A comprehensive school health education program should include but not be limited to content in the following recommended areas:⁹ personal health, mental and emotional health, prevention and control of disease, nutrition, substance use and abuse, accident prevention and safety, community health, consumer health, environmental health and family life education.¹⁰ Although many of the elements listed address physical health, each has mental/emotional components.

⁹For a description of topics included in these areas, see pp. 31 and 32.

¹⁰The task force believes that this is a vital element in comprehensive school health education, but recognizes that a great deal of controversy exists

- A health education curriculum should be designed so that changes in health information can be easily incorporated as they occur.
- A planned sequence (within courses and among grades) of information and learning activities should be developed for kindergarten through 12th grade.
- School health services and the total school environment should be used to enhance and reinforce classroom learning activities.
- Parents and the community should be involved in the planning, development and maintenance of school health education programs.
- Programs should be designed to increase student health knowledge, develop decision-making skills such as critical thinking and problem solving, and influence the formation of positive attitudes such as a sense of responsibility for self and others.
- All available resources should be utilized including the many health-related personnel in state education and health agencies, voluntary health groups, national health education organizations, and federal health and education agencies.¹¹

6. State education agencies should encourage local school boards to undertake a participatory planning process in the development of school health education programs. Important tasks in this process are formulating a district health education policy and broad district goals, a statement of need, and recommended actions to implement a program to meet identified needs.

Important considerations:

- The involvement and support of parents, teachers, administrators, students, health professionals, and community representatives are critical to the development of a viable, effective program. The creation of mechanisms to solicit their input — such as a professional staff study committee, a community advisory committee, or a community/school advisory committee — should be considered.

concerning its placement in the curriculum. Including family life education in a school health education program is a decision that must be made at the local level.

¹¹ See Resources, p. 33.

A professional staff study committee might include school personnel from various disciplines related to health education (e.g., science, home economics, physical education, social studies, guidance and counseling, health services and child nutrition) as well as building administrators and representatives from all grade levels. Their roles might include providing data on student needs and interests; establishing channels of communication with other school district personnel; and reviewing curriculum content, scope and sequence.

A community advisory committee might include parents, students, representatives from the health profession, civic groups and public and private health agencies. Their roles might include assisting in a community needs assessment, serving as liaison between the district and all segments of the community, acting as a sounding board for ideas and procedures, and publicizing and promoting the program.

A third method of soliciting input is a community/school advisory committee, a group made up of professional staff and school representatives as well as members of the community. Their roles might be a combination of those described above for the professional staff study committee and the community advisory committee.

- It is vital that roles and responsibilities of the advisory groups be explicitly stated and understood by all. Their role does not include determining school district policy or making administrative decisions about the school health education program. However, they can play a key role in the development of recommendations for review by the local school board and administration.
- Although a participatory planning process is recommended, it is critical that one person with preparation in health education be assigned the responsibility and given time and resources for directing and coordinating the entire effort.
- A district policy should describe how health education contributes to the goals of education and to educational performance, and identify how health education affects the formation of positive attitudes and health behavior. Some possible goals might be: to enable the student to assume individual responsibility for developing and maintaining personal behavior that promotes total wellness; to enhance the competencies of

individuals to make decisions regarding personal, family and community health.

- A statement of need is derived from a comparison of goals with student health interest, knowledge, attitudes and practices; current efforts in health education; the extent and frequency of student health problems; and parent and teacher recommendations regarding program needs. This need statement and the identification of local, state and national child and adult health concerns will guide decision makers in determining the contents and scope of the program.
- The unique characteristics of special populations (such as minorities and the handicapped) must be considered in planning efforts so that programs developed will be responsive to their particular health needs.
- School health services personnel, local and state departments of health, health systems agencies, and state departments of education can assist the local school administrator and advisory committees and staff in collecting and analyzing information necessary to formulate a statement of need and determining the scope of the program. In addition, they may contribute to the development of plans and may be instrumental in identifying, locating and designing needed resources for program implementation.
- A comprehensive local planning effort should include the formulation of a plan with recommended actions that will lead to the development of programs consistent with the policy statement. This plan should address identified needs and specify the material and human resources needed to implement the plan. Such plans will, of course, be influenced by school and community attitudes, priorities and resources.

7. State and local education agencies should ensure the presence of trained and qualified teachers in school health education programs. Preservice requirements, inservice training and continuing education programs must be continually reviewed, evaluated and upgraded so that teachers possess the necessary skills^{1 2} to carry out their responsibility to students in health education.

^{1 2} At present, the Role Delineation Project, located at the National Center for Health Education and sponsored by the Bureau of Health Professionals, is defining and verifying the skills, knowledge and abilities needed by health educators working in community, medical care and school settings. This

Important considerations:

- Preservice requirements are generally defined by state teacher certification standards and accreditation criteria. Institutions of higher education develop teacher preparation programs to meet these standards and criteria but have considerable flexibility in the amount and types of learning activities designed for students. All those preparing to be teachers, but particularly those preparing for elementary level, should have sufficient time and emphasis on health in their teacher education programs.
- Inservice training and continuing education programs are essential in upgrading the skills and competencies of already certified teachers who are involved in health education. These programs must be planned and conducted regularly to assure effective teaching methods and up-to-date information.

8. State and local education agencies should assist in developing a system of information exchange about health education.

Important considerations:

- Statewide, substate regional, and local health and education agencies should define their respective roles in the collection, evaluation and dissemination of the rapidly expanding information related to school health education. Such coordination will assure timeliness and minimize duplication of effort.
- Effective utilization of available resources necessitates technical assistance in evaluating the quality of the material and its appropriateness for the situation.

9. State education agencies should encourage the evaluation of school health education programs and assist local districts in developing appropriate evaluation processes.

Important considerations:

- Maintaining a viable and up-to-date program necessitates on-going program review and modification of objectives, materials and approaches.
- Evaluation should address the appropriateness of the program

information, when verified and accepted, can assist states in reviewing, evaluating and improving professional preparation programs in colleges and universities and in modifying state certification standards.

and staff (i.e., the process), as well as the immediate effects of the education program (i.e., the impacts).¹³ Process elements are those organizational and structural factors that affect the quality of the instruction program. These include the presence of goals and objectives, curriculum organization, staffing, facilities, instruction materials, use of community resources, consistency with state and district goals, and conformity with legal requirements. Impact evaluation is the assessment of changes in knowledge, attitudes and skills as a result of the program. This type of evaluation pertains to two major objectives of school health education: the mastery of health-related information and the development of selected skills, the application of which is associated with health-enhancing behavior.

- Evaluation activities can provide information about the comparative needs, status, and progress of specific groups — such as minorities, handicapped and disabled — that can be utilized in future program planning.

10. State education agencies should encourage federal agencies to channel categorical funds in a manner that will enhance comprehensive school health education program development.

Important considerations:

- Federal funding for all types of school health education programs should be channeled through a single focal point in the state department of education. This will help minimize the fragmentation of effort that often results from the establishment of categorical programs that have separate personnel, plans and administrative structures and thus are often not integrated into comprehensive health education program endeavors.
- If channeling resources into the state department of education is not feasible, efforts must be made to facilitate and assure the

¹³ A common misconception is that health education will immediately reduce the incidence of health problems in a school or community or guarantee the health of an individual now or in the future. It should be noted that an educational experience is only one of several factors that influence a person's health behavior and health behavior is only one factor impacting on health. Health education can, however, assist in the development of conditions that must be present before behavior change is likely to occur (i.e., knowledge, interest, motivation and skills). Thus, changes in health practices may not occur immediately but progress may have been made toward enabling future behavior conducive to health.

education agencies in programs
active involvement of state and the schools.
relating to health education

Comprehensive School Health in the U.S.

- The Office of Comprehensive School Health should be encouraged to continue its Department of Education levels of coordination among federal active role in seeking high schools. Efforts such as these will assist in health and education agencies of relevant federal agencies and will developing the support of resources into more comprehensive promote the channeling of program endeavors.

Suggested Policy Statement on School Health Education for State Boards of Education

Introduction

The form that the partnership between health and education takes depends, in large part, on the leadership of state boards of education in their policy decisions. These policymakers play a crucial role for they can influence not only the availability of school health education, but the nature of these programs in local school districts. The following policy statement has been developed to illustrate what state boards of education can do to affect the practice of school health education in their states. It reflects many of the ideas discussed in the task force's recommendations.

Because of the variations among state laws, governing structures, economic conditions, and philosophies, it is impossible to develop a policy that will be meaningful and applicable in all states. However, it is hoped this model will illustrate some possibilities for action and stimulate discussion among state education policy-makers.

Elements of a Policy Statement on School Health Education

The following are suggested as major elements in a policy statement on school health education:

- Philosophical support for school health education
- Statement of state leadership role
- Commitment of resources
- Delegation of responsibility to local districts to carry out state policy
- Recommendations to local districts concerning:
 - Planning and program development
 - Staff
 - Curriculum formulation
 - Instructional time

Suggested Policy Statement

1. It Is the Policy of the State Board of Education:

To assure that all students in kindergarten through 12th grade are provided with learning experiences that will enable them to function effectively in the adult world. Comprehensive health education develops skills for daily living and prepares students for their future roles as parents and as citizens.

To assure that efforts are made to emphasize health as a value in one's life, to enhance critical thinking, decision-making and problem-solving skills regarding health, and to motivate individuals to take an active role in protecting, maintaining and improving their health.

To initiate appropriate procedures to stimulate and support local school systems in their efforts to design and implement instructional experiences in health education.

To delegate to governing boards of each local education agency the responsibility for implementing state policy on school health education.

To provide technical assistance through the state education agency to local education agencies in their efforts to plan, develop, evaluate, and improve health education programs in elementary and secondary schools.

2. Framework for Action

The state education agency shall provide leadership in comprehensive school health education by establishing the following structures, processes and resources. It shall provide for the establishment of a state school health education advisory committee, the employment of at least one full-time qualified health education specialist to direct or coordinate the state school health education program, and for fiscal support for the development of local programs. The state board shall promulgate rules, regulations, guidelines and standards as necessary to implement this policy.

3. State Level:

a. Establishment of State School Health Education Advisory Committee

A state school health education advisory committee shall advise the chief state school officer and state board of education on major issues relating to the implementation of this policy. The functions of this committee shall be to: (1) communicate the definition, concept, and rationale of comprehensive school health education to specific groups identified as supporters, decision makers, providers, and consumers of comprehensive school health education; (2) assist in establishing a sound understanding and relationship among comprehensive school health education programs, school health services programs, and the public health, human services, and education programs of other agencies in the state; (3) participate in the development and conduct of a statewide needs assessment; (4) assist in the formulation of a five-year plan for the development of school health education at the state level; (5) share information about materials, programs and new resources of interest to school health education personnel; and (6) assist the director or coordinator of comprehensive school health education upon request.

If funds are available from federal and state sources, this committee may review applications of local education agencies and determine the eligibility of those agencies to receive funds. In determining eligibility, the committee shall take into consideration the extent to which districts have developed applications consistent with guidelines issued by the state education agency or other funding agencies.

The committee shall submit an annual report to the state board of education, the chief state school officer and legislature that includes a summary of accomplishments and recommendations concerning implemen-

tation of comprehensive school health education.

b. Establishment of a Full-Time Specialist Within the State Education Agency

The board shall authorize the appointment within the state education agency of at least one full-time specialist trained and certified in school health education. This individual shall serve as the director or coordinator for comprehensive school health education and shall provide technical assistance to districts in establishing, developing and implementing health education programs in their schools. The duties and responsibilities of the director shall be: (1) to provide information on available curricula and resources, existing exemplary health education programs, and on any guidelines or standards issued by the state education agency; (2) to advise local districts and district health education coordinators in designing and implementing a planning process consistent with guidelines established herein; (3) to assist districts and district coordinators in the planning and development of inservice programs for teachers, administrators and other school personnel; (4) to serve as liaison to professional and community groups in the health and education fields; (5) to work on a cooperative basis with other state level offices and agencies, such as the school health education advisory committee, the department of health, divisions of inservice education, teacher certification, and higher education; (6) to provide information relevant to policy formation to state officials; (7) to plan and conduct a statewide needs assessment every five years; and, (8) to develop and update annually a five-year plan for development of school health education programs at the local level.

The state director or coordinator for comprehensive school health education must have specialized training in health education and must participate in programs offering opportu-

nities for professional growth since health education programs are program administration and facilitation.

4. Local Level

a. Community/School Involvement

Local school boards should ensure that efforts to establish a health education program include a planning process that involves parents, teachers, administrators, students, health professionals, and other community representatives. Mechanisms to solicit their input — such as a professional staff study committee, a community advisory committee, or a community/school committee — should be created and utilized. In addition to planning, these advisory bodies can play a continuing role in program development and implementation.

The local school board should oversee the formulation of a district policy, a statement of need, goals and objectives, and plans to develop and implement a program to address identified needs. The state director for comprehensive school health education shall provide information and assistance to districts in these various planning phases.

School health services personnel such as nurses and physicians, and other staff such as cafeteria workers, should be actively involved in the planning, development and implementation of a school health education program. In addition, staff from existing programs that have a strong relationship to the health of students (e.g., physical education, safety patrols and driver education) should also be included in health education efforts and activities.

Whenever possible, health education for parents should be developed and conducted in the community.

b. District Coordinator

Each local board should appoint a qualified person to coordinate the planning and development of the school health education program. This individual should have professional

preparation, experience and interest in school health education. The district coordinator should provide leadership and opportunities for the involvement of all groups; organize the human and material resources necessary for program planning, development and implementation; serve as a liaison with parents, community groups, health agencies and health interest groups; provide for teacher training and inservice for other school personnel; and assist in the development of evaluation mechanisms.

c. Teachers of Health

The most important element in making a quality health instruction program a reality are teachers who are interested and professionally prepared to teach health education. Local districts should hire teachers with appropriate preservice training in health education and train existing teachers by providing regular inservice and continuing education opportunities.

d. Curriculum Development

A planned sequential K-12 health education program should include but need not be limited to content in the following areas:

Personal Health
Mental and Emotional Health

Prevention and Control of Disease
Nutrition
Substance Use and Abuse
Accident Prevention and Safety
Community Health
Consumer Health
Environmental Health
Family Life Education

e. Instructional Time

In grades K-6, health education should be integrated into the formal instruction program. In addition, special attention should be given to opportunities for incidental health instruction when appropriate situations arise during the school day.

During the middle school or junior high school years the minimal time allocation shall not be less than one semester or its equivalent. One semester is required during the senior high school experience. Health education at this level should be in the form of direct instruction, but should be supplemented by correlation, integration and incidental teaching.

School districts should have a plan which will ensure that the content areas defined in the school health education policy are being adequately taught. The plan should be written, with specific objectives and curriculum outlines for each grade level.

The Importance of School Health Education

Children's Health Today

In some ways, the health of children is better than ever before. In the last 80 years, our nation has greatly reduced infectious disease, previously the major cause of death and disability. Improved sanitation, nutrition and housing as well as use of vaccines and antibiotics have enabled many children to live longer and healthier lives.

But there are new dangers to children's health and vitality that are cause for great concern. Today accidents are the principal cause of childhood mortality (ages 1-14), with motor vehicle accidents causing the greatest number of deaths.¹⁴ An increasing number of health problems among the school age population are psychosocial in nature and affect physical as well as mental and emotional development.¹⁵ Learning disorders, behavioral problems, teenage pregnancies, alcohol and drug abuse, and sexually-transmitted diseases are now typical health problems among children and youth. Many of these conditions may have their roots in such factors as changes affecting the family (divorce, increased mobility, changing male/female roles); poor nutrition; insufficient intellectual and psychological stimulation; and congenital or acquired handicaps.

Children with health problems are at a great disadvantage in the classroom, for their functioning is impaired. Their motivation and interest in learning are affected and their educational performance significantly reduced. They often become disruptive, truant or drop out of school.

Role of Health Education

While health education is not a panacea for health problems, it can

¹⁴*Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* (U.S. Department of Health, Education and Welfare, 1979), p. 33.

¹⁵*Ibid*, p. 36.

play a significant role in reducing the incidence of some problems and the severity of others. Health education in the school setting can assist students with health problems as well as healthy children by providing information and assistance that will enable them to cope with, adjust to, or improve their present state of health, which, in turn, will enhance their performance in the classroom.

Health instruction is especially important at the elementary level, for it is during the early years of a child's life that attitudes toward health and behavior patterns affecting health are established. The schools have the opportunity to be a positive influence in the *development* of attitudes and behavior patterns that will enhance health. But health education at the secondary level is also critical. The stresses of adolescence and peer pressure place demands even on the healthy well adjusted teenager. This is a time for helping young people cope with the changes in their lives, for helping them learn how and where to seek assistance when needed, and to take responsibility for their actions.

The health of our school age youth will determine to a great extent the quality of life each will have during the growing and developing years and on throughout the life cycle.¹⁶ Lifestyle and behavior patterns established during the formative years have a direct effect on adult health.

Educating the school age child about health can benefit not only the individual, but his/her future family and community. As a parent, one influences the health and health awareness of his/her children and must know how and when to use health care services and personnel. As a citizen, the individual influences others by personal behavior and will participate in decisions affecting the environment and health care system.

Significant Trends That Emphasize the Need for Health Education

The relationship of child health to adult health illustrates the need to focus on health promotion and protection and on disease prevention. These ideas are not new, but are receiving greater emphasis today because of several major trends in recent years. These are changes in morbidity and mortality patterns in the United States, the rising economic and social costs of preventable conditions, the growth of the active health care consumer and the

¹⁶ *Education for Health in the School Community Setting*, a position paper adopted by the American Public Health Association, 1974.

knowledge and its application. All of these expansion of health about an increased awareness of the importance of health trends have brought responsibility in health and the need for education that enable individuals to assume programs like health that responsibility.

and Mortality Patterns

Changes in Morbidity

diseases caused most death and disability in In 1900, infectious improved living conditions — housing, sanitation the United States. Im major impact on reducing the incidence of tion and diet — had al and scientific advances, especially in drug these diseases. Medicalay a significant role in preventing and therapy, have also pconditions.

controlling infectious

roductivity and longevity of Americans are Today the vitality, paic diseases such as diabetes, cardiovascular endangered by chronnd respiratory diseases. These diseases are conditions, cancer arnmanent, and are typically progressive and long-lasting, often peps of chronic diseases are difficult to pinpoint irreversible. The causes over a long period of time contribute to since multiple factorsical care can, for the most part, only serve to these conditions. Medial's functioning and minimize further deter-maximize an individual ioration.

of chronic diseases has grown dramatically in However, knowledge cw known and accepted that the presence of recent years. It is nowreases an individual's likelihood of develop-certain risk factors inc. These risk factors are often behavioral in ing a chronic disease. the use of alcohol and drugs, improper diet) nature (e.g., smoking, e scope of individual choice. and thus are within the

is affected by four major factors: genetic An individual's healthy; the environment in which a person lives, endowment or heredit/her leisure time; behavior or lifestyle; and works and spends his/care system. Heredity and the presence of the organized health e environment are often beyond the control many factors in one'sout personal behavior and lifestyle have of the individual, bfor improving and maintaining health. tremendous potential f

tically illustrates this potential. A group of A recent study dramarelative contributions of lifestyle, heredity, experts assessed the rth care to the 10 leading causes of death. environment and healt that as much as one-half of the mortality in The analysis suggested is due to unhealthy behavior or lifestyle. the United States wa attributed to environmental factors, 20 Twenty percent was

percent to human biological factors and 10 percent to inadequacies of health care.¹⁷

Thus, a disturbing amount of death and disease seems to be preventable and medical care is only a part of the solution. Because of the prevalence of chronic disease in this country, it is evident that the greatest potential for reducing premature death and avoidable disability lies in the assumption of personal responsibility for health. In the words of the late Dr. John Knowles, "The next major advances in the health of the American people will be determined by what the individual is willing to do for himself and for society-at-large."¹⁸

The Costs of Illness

Economic considerations are also forcing us to look for more effective ways to prevent disease conditions, to detect them before they require costly treatment and to educate the public to use health care resources and personnel appropriately. In 1978 the United States spent \$192.4 billion for health care — a dramatic increase of 46 percent since 1975. Ultimately everyone shares in these costs through tax payments and through insurance premiums.

In addition to the economic costs of preventable illness and injury, there are enormous personal and social costs. The individual often suffers great emotional stress because of his/her condition and its effects on such things as mobility and independence. His/her family is often disrupted by medical treatment and employment may be endangered or lost. In essence, the quality of life and that of loved ones may be considerably diminished.

The Growth of Consumerism in Health

In recent years the role of the individual as an active participant in his/her own health care has been recognized. As a consumer of medical care services, he/she has the right and responsibility to make choices and participate fully in decisions regarding his/her health. For many, the traditional passive patient role is no longer acceptable; these individuals view the health professional/client relationship as collaborative in nature with each party having rights and responsibilities.

¹⁷ *Healthy People*, p. 9.

¹⁸ *Doing Better and Feeling Worse*, John Knowles, M.D., editor (New York: W. W. Norton and Company, Inc., 1977), p. 78.

One important patient right is access to information concerning any medical treatment recommended for the improvement of health. The consumer's right to information and the provider's responsibility to furnish that information have been recognized in the establishment of the informed consent procedure, patient education activities and patient representative programs.

Many consumers also recognize their responsibility to take care of their health. Millions of Americans now jog, watch their weight, eat sensibly, and use techniques to manage their stress. This interest in and commitment to staying healthy continues to increase.

Expansion of Health Knowledge and Its Application

Dramatic medical and scientific advances in this century have increased our knowledge of disease diagnosis and treatment. Improvements in diagnostic and surgical techniques in particular have added a new dimension, technology, to the medical care system. In addition, research on environmental and behavioral determinants of health continues to yield significant new information. Because our medical and scientific knowledge is constantly expanding, citizens today are deluged with information about health that is frequently confusing, conflicting and inaccurate. Consumers need to understand fundamental health concepts so they can analyze and interpret this information intelligently and translate knowledge about prevention and treatment into action to preserve their health.

In summary, recent trends underscore the need for informed and educated individuals who have the knowledge, skills and motivation to assume a responsible role in personal, family and community health. That role includes a commitment to personal practices aimed at promoting wellness; appropriate use of health care personnel, services and facilities; and involvement in community efforts to develop environmental programs, socioeconomic measures and health service systems that facilitate health improvement.

Current Status of School Health Education

National Overview

The current status of school health education in the states is the result of a variety of political, economic and social forces at the state and national levels. Numerous developments in the health and education fields, in both the public and private sectors, have created an awareness of the importance of personal responsibility for health and of health education as a method of enabling people to assume that responsibility. A few of these developments will be highlighted here for the purpose of describing the milieu of school health education.

Federal policies and program initiatives in recent years have reflected a growing interest in health promotion and the prevention of health problems as major health strategies.

In 1974 the Bureau of Health Education (now the Center for Health Promotion and Education) was created. This agency continues to support many health education programs including school health education.

In 1975 the promotion of activities for the prevention of disease and the development of effective methods for the health education of the public were established as two priorities for national health planning and resources development. Many health plans in the country now reflect a concern with health promotion and activities such as community and school health education that enable individuals to assume personal responsibility for health.

In 1976 the Office of Health Information and Health Promotion was created in the U.S. Department of Health, Education and Welfare (now the Department of Health and Human Services).

In 1978 amendments to the Elementary and Secondary Education Act authorized funds for states and local districts to develop and implement school health education programs. (To date funding has not been appropriated.)

In 1979 the Office of Comprehensive School Health was established in the Department of Education. This office seeks to coordinate many federal efforts in school health services, instruction and environmental programs.

In the private sector, numerous health and education professional organizations have taken strong public positions in support of school health education. These include:

American Academy of Pediatrics	Council of Chief State School Officers
American Association of School Administrators	National Association of State Boards of Education
American Dental Association	National Education Association
American Medical Association	National Parent Teacher Association
American Public Health Association	National School Boards Association
American School Health Association	Society of State Directors of Health, Physical Education, and Recreation
Association for the Advancement of Health Education (part of the American Alliance for Health, Physical Education, Recreation, and Dance)	

The national voluntary health agencies and their state and local counterparts have become increasingly active in school health education. Many have developed parts of a comprehensive curriculum, funded inservice training for teachers, and provided materials, speakers and consultants for school programs.

Industry has played an important role in creating awareness of the importance of personal responsibility in health through the publication of brochures and pamphlets, the organization of forums on health issues, and the initiation of employee health programs.

And in the United States today, the national concern with physical fitness and nutrition reflects a growing interest on the part of consumers to know more and do more to keep themselves healthy.

Thus, a number of developments and trends in the last few years have created an environment in which school health education is regarded as a crucial part of a community health promotion program.

State Activities and Programs

The role of the states in school health education is a critical one. State education policymakers can influence the *availability* as well as the *quality* of these programs at the local level.

The following section is a summary of findings about state activities in school health education. This information was collected in a recent telephone survey conducted by the Education Commission of the States.

Program Support — Legal, Financial, Policy

Education codes in 42 states require health as part of the public school curriculum. However, in many of these states the word "health" is not defined either in scope or in terms of time in the curriculum. Five states have passed additional legislation defining health and recommending or requiring topics to be included in the curriculum. Legislatures in seven states have appropriated specific monies for the implementation of school health education programs.

State Boards of Education or legislatures in 35 states have addressed school health education in policy or position statements, resolutions, administrative regulations or bylaws.

There are certain mandated topics in health in every state. Instruction related to alcohol, tobacco and drugs and their effects on health is the most common requirement.

Twenty states require passing a class in health as a condition for high school graduation.

A separate health certification or endorsement exists in 37 states for teachers interested in health education at the elementary or secondary level.

State Facilitation in Program Development

Curriculum or planning guides for health education have been published in 33 states. These guides are designed to assist local districts in designing their health education curricula to meet legal as well as educational and professional standards. School health education specialists are employed by state education agencies in 41 states. However, these professionals often have other responsibilities and the time available for health education varies

considerably. The range is 25 percent to 100 percent, although a few states have more than one full-time equivalent assigned to school health education. These specialists perform a variety of tasks that can be described as technical assistance to local districts in program planning, development and implementation. In addition, they generally serve as liaison to official and voluntary health and education groups.

Role of Local Districts in Program Development

The survey revealed that local districts play a significant role in program development. Most states recommend or suggest topics to be included in the health education curriculum, but local districts make the final determination regarding the scope of the programs. Thus, it is not uncommon to find greater or lesser interest and commitment at the local level than exists at the state level.

Political Support/Coordination

State school health or health education groups exist in 31 states. These are often made up of representatives from the state departments of health and education; higher education institutions; parent, teacher and student organizations; health systems agencies; and the voluntary agencies. These groups generally function in an advisory, coordinating and/or advocacy role.

In summary, there seems to be a high level of interest in school health education in many states although program support and resources committed to the program vary.

Problems in Program Development and Implementation

greater in potential than in practice. A School health education is deterred the development and implementation of problems have these include:

1. A lack of understanding of the meaning and importance of school health education (its nature, scope and methods) nor the need for Neither the nature (content) nor the need for school health education are always understood. Thus, it (purposes) school health education is not given priority in the curriculum and a low level of funding. These factors often lead to the development of other difficulties such as lack of support from teachers and administrators, failure to provide time in the curriculum, and lack of a coordinated sequential program throughout the grades.

2. Lack of confidence in health education as a reliable discipline item 1 have resulted in sporadic and The problems addressed in health education efforts. Evaluation of impact has limited school health education due to a lack of resources. Thus, with little evidence of effectiveness there is skepticism about the ability of health education to make a difference.

3. Unrealistic expectations concerning the effectiveness of school health education the complexity of health behavior. A Many do not understand that health education in the school will common misconception is that health education in the school will immediately reduce the incidence of disease or change undesirable social behavior.

4. Lack of adequately prepared classroom teachers given the responsibility for teaching Many teachers who have minimal preparation in the subject, either health have had no professional preparation or through inservice training. As in the college or university setting, health education is not effective in the classroom because they a result they are often unable to organize a program and to locate and lack the skills to plan and coordinate community personnel. use available materials and coordinate the program.

5. Lack of assistance in the design, implementation and

improvement of programs

State and local resources have often not been available to assist the classroom teacher.

But Things Are Looking Up!

Recent developments at the national and state levels indicate that:

- The nature of and need for school health education are now better understood and the field is gaining more visibility and support.
 - Amendments to the Elementary and Secondary Education Act provide for funds to assist states and local districts in developing school health education programs.
 - School health education has been recognized as an effective method of improving the health of children and adults in recent federal reports (*Healthy People* and *Objectives for the Nation*) and in recommendations of the advisory panel for the International Year of the Child.
 - Several states have taken a leadership role in school health education by formulating policy statements, recommending health as a part of the curriculum, and providing assistance (including funding) to local districts in program development and implementation.
- School health education is gaining respect as a discipline as its role and limitations are better understood.
 - Some curricula have received validation by the U.S. Department of Education and/or the state diffusion network system.
 - Evidence of the effectiveness of health education is mounting.
 - Evaluation of school health instruction is receiving increasing emphasis.
 - Evaluation efforts are being focused on mastery of health information and the development of skills.

- Teacher preparation is improving.
 - Many states now offer separate health education certification.
 - Funding for inservice has been made available through state education agencies and some voluntary health agencies.
- Resources for program development are steadily increasing.
 - A number of national, state and local organizations and agencies now provide assistance (personnel, materials) in program planning and development.

Description of Recommended Content Areas¹⁹

The 10 content areas recommended by the task force as minimum elements of a comprehensive school health education program are given below. Following the title of each is a brief list of topics that might be included in teaching this content area. It should be noted this section is meant to provide *examples* and thus is not all inclusive.

1. Personal Health

Physical fitness and lifetime physical activities, cardiovascular health, sleep, rest, relaxation, recreation, growth and development, nutrition, oral health, vision and hearing, prevention and control of disease, safety, body systems and their functions, aging, coping with death and dying.

2. Mental and Emotional Health

Positive self-concept, personality, emotional stability, responsibility, motivation, independence, mental disorders, coping with stress, mental health services.

3. Prevention and Control of Disease

Contribution of early scientists, causes of disease, preventive measures, chronic disease, degenerative disease, communicable disease, immunization, personal health practices, and community efforts.

4. Nutrition

Food choices, elements in food that contribute to good nutrition, factors influencing choices, individual nutritional requirements, food groups and nutrients, food sources, weight control, effects of nutrition on growth and activity, nutritional challenges, food preparation and protection, consumer protection.

5. Substance Use and Abuse

Personal goals, individual responsibility, substances beneficial to mankind, classification of substances and their effects on the body, implications of use of substances, how habits are formed and influence

¹⁹Adapted from *Guidelines for Improving School Health Education K-12* (Ohio Department of Education, 1980), pp. 31-32.

health, use and misuse of tobacco, alcohol and other drugs, treatment... and rehabilitation programs, respect for self and others.

6. Accident Prevention and Safety

Attitudes toward safety, causes of accidents, home and school safety, traffic (auto, bicycle, school bus) safety, fire prevention, survival education, environmental hazards, accident prevention — potential hazards, first-aid and emergency health care, safety personnel, resources and agencies, individual safety precautions, recreational safety, occupational safety, safety rules, laws, regulations, legislation.

7. Community Health

Individual responsibility, healthful school, home, community environment, community health resources and facilities, official and nonofficial health agencies, health service careers, pollution control (clean air and water), occupational environments, safety hazards and natural disasters, community involvement — a shared responsibility (health planning).

8. Consumer Health

Individual responsibility, propaganda in advertising, social and economic factors, laws for consumer protection (food labeling), protection agencies, health agencies and organizations, health insurance, selection of medical services, quackery, reliable sources of health information, evaluating health products and services, use of trained medical personnel.

9. Environmental Health

Environmental pollution, effect of environment on health (radiation, pollution), environmental protection agencies, population density, world health.

10. Family Life Education

Family composition and roles, life cycles (human growth and development), the reproductive process, heredity, marriage, selecting a compatible life partner, family relationships, parenting.

Resources in School Health Education

Numerous agencies and organizations can support classroom health education efforts. The following list contains *examples of local and regional* groups that often have an interest in and/or resources (materials, speakers, funding) for health education.

Voluntary health agencies:
for example, American Cancer Society, American Heart Association, American Lung Association chapters, March of Dimes, Red Cross

Health professionals and professional organizations:
for example, local medical, dental, and nursing groups; affiliates of the American Alliance for Health, Physical Education, Recreation and Dance and the American School Health Association

Local health departments

Community and school health councils

P.T.A. and other parent/teacher groups

Private sector businesses and groups: for example, Blue Cross/Blue Shield, life insurance companies, Chamber of Commerce

Health systems agencies and their sub-area councils

Area health education centers

Civic groups: for example, Lions, Rotary

Local school boards

Multi-district education agencies

Many state and national organizations in both the private and public sector can also be sources of information and assistance in school health education.

National Organizations

American Academy of Pediatrics
1801 Hinman Avenue — Box 1034
Evanston, Illinois 60201

American College Health Association
152 Rollins Avenue, Suite 208
Rockville, Maryland 20852

American Dental Association
Bureau of Health Education
and Audiovisual Services
211 East Chicago Avenue
Chicago, Illinois 60611

American Medical Association
Department of Health Education
535 North Dearborn Street
Chicago, Illinois 60610

National Organizations (continued)

American School Health
Association
1521 South Water Street
Kent, Ohio 44240

Association for the
Advancement of Health
Education
1900 Association Drive
Reston, Virginia 22091

Education Commission of the States
State School Health Education
Project
1860 Lincoln Street, Suite 300
Denver, Colorado 80295

National Center for Health
Education
School Health Education Project
901 Sneath Lane, Suite 215
San Bruno, California 94066

National Parent Teacher
Association
700 North Rush Street
Chicago, Illinois 60611

Government Agencies

State Departments of Education

If you have any questions regarding health teacher certification, health education requirements for classroom teachers, qualifications of a school health coordinator, or health education program development, contact your state department of education.

State Departments of Health

Many state departments of health have resources and special projects relating to school health instruction as a part of their public health education, risk reduction or school health services programs.

Federal Health Education Agencies

Center for Health Promotion
and Education
Centers for Disease Control
1600 Clifton Road, N.W.
Atlanta, Georgia 30333

Office of Comprehensive School
Health

Bureau of School Improvement
3700 Donahoe Building
400 Maryland Avenue, SW
Washington, D.C. 20202

Office of Health Information,
Health Promotion, Physical
Fitness and Sports Medicine
Department of Health and
Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

National Health Information
Clearinghouse
P.O. Box 1133
Washington, D.C. 20013